

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/019365**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DER.	IND.	DEP.
1	1					
2	1					
3	2					
4	1					
5	1					
6	1					
7	2					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
20	1					
21	1					
22	1					
23						
24	1					
25	1					
26	1					
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	0					
50	0					
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DER.	*	IND.	DEP.
51	1							
52	1							
53	1							
54	1							
55	1							
56	1							
57	1							
58	1							
59	1							
60								
61								
62								
63								
64								
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66								
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69								
70								
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88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.	6			↓			↓	
TOTAL DEP.	55			←			←	
TOTAL CLAIMS	61							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS